

## GENERAL LEAVE

Mr. GREENWOOD. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 4444.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Pennsylvania?

There was no objection.

### MEDICARE PRESCRIPTION DRUG BENEFIT

The SPEAKER pro tempore (Mr. SWEENEY). Under the Speaker's announced policy of January 6, 1999, the gentleman from Pennsylvania (Mr. GREENWOOD) is recognized for 60 minutes as the designee of the majority leader.

Mr. GREENWOOD. Mr. Speaker, this evening my colleague, the gentleman from North Carolina (Mr. BURR), and I are going to do a special order on the Medicare prescription drug benefit. As most Americans know, 1965 was a critical moment in America's health care history. That was the year that the United States Congress and the President of the United States enacted Medicare.

Prior to that time, if you were elderly or if you were disabled, you could not provide for your health care. You did without health care. You had no regular doctor's care. You had no access to hospitalization and you suffered and you died early.

In 1965, America proved its humanity and proved the level of its civilization by caring for its elderly and eventually extending that Medicare benefit to the disabled.

When it did so, it did not include a prescription drug benefit. It did not, because it was an awful lot to accomplish just to get the physician coverage and the hospital coverage. At that time, prescription drugs were not nearly as utilized as they are today. But, today, the miracles of modern pharmaceutical industry, the miracles provided by the work on the human genome and biological products have brought us to a point where if you do not have access to a pharmaceutical drug benefit, you do not have access to first rate health care, you do not have access to the best health care in the world.

For years, we folks in Washington in the Congress and White House have talked about how terrific it would be if we could create and add a prescription drug benefit to Medicare, but it has been all talk for a lot of years, and now it is time for action.

The reason it was all talk and no action heretofore was because this country was not in any state financially to provide a Medicare benefit. We were adding a \$250 billion to the national debt every year, we were spending money like drunken sailors in this

town, and there was no way that we could continue that practice and then add to it the addition of a prescription drug benefit.

But, since 1994, the Republicans in the Congress have changed the direction of the country. We have reformed Medicare itself to make sure that it will last well into the future. We have reformed welfare, removing ultimately half of the welfare recipients from dependency to work and to independence. We have balanced the Federal budget for several years in a row now. And in the current fiscal year, we have taken Social Security off budget and made sure that never again would the Social Security surplus be spent for other causes than Social Security.

We are now finally paying down debt. By the end of the current fiscal year, we will have paid down \$250 billion in debt; and we expect, at the rate we are going, to have the United States national debt paid off by about the year 2015, if not sooner.

We have done all of this, and still we have a surplus, so this millennial year is the year we can step up to the plate; and we can provide a prescription drug benefit to America's elderly and America's disabled.

While two out of three Medicare beneficiaries in this country do have access to some kind of prescription drug benefit, that coverage is often scant and shrinking. Many of our seniors on Medicare-Plus Choice have seen that their plans have had to pull back their benefit and now, for instance, are only providing for generic coverage and not providing for the brand coverage, unless there is a very expensive extra payment paid by the beneficiary.

For those without coverage, the choices are grim. There are miracle drugs available to humanity today, but if you are an elderly woman, an elderly widow, living on a small Social Security stipend, and you have Medicare but you have no access to prescription drug coverage, there is no miracle in that miracle cure. If you are an elderly gentleman in the same position, there is no miracle in the miracle cure for you. That is the same with the disabled in this country.

□ 1930

These folks are pressing their faces up against the glass windows of the drugstores knowing that while inside a prescription that their physician could write for them exists that could relieve their suffering, that could extend their lives, that could improve the quality of their life, that is not available to them. This is the year for the United States Congress to act and to do it in a bipartisan fashion.

Mr. Speaker, I would like to now yield time to my friend, the gentleman from North Carolina (Mr. BURR), who has been working with me and other members of the Committee on Com-

merce as well as the Committee on Ways and Means to craft this proposal that we hope to have introduced in the very near future.

Mr. Speaker, I yield to the gentleman from North Carolina (Mr. BURR).

Mr. BURR of North Carolina. Mr. Speaker, I thank my good friend from Pennsylvania. The gentleman makes a good point, and that is that if Medicare were a program that we developed today, certainly drug benefits would be part of the coverage given the access that drug benefits have to private sector plans that every employer offers to their employees. But the fact is that in the 1960s, that was not a common part of health care coverage, because very few new pharmaceuticals hit the marketplace, and most of the antibiotics were around for years and years. We worked to reform the Food and Drug Administration, and we started in 1995 and we completed that task, I believe, in 1996 or 1997, with a signature by the President, an agency that controlled 25 cents of every dollar.

The reason that we modernized the Food and Drug Administration was we understood the great task that was before them. The FDA is an industry that this year will put \$21 billion, and that is with a "b", into research and development. We understood that if we could unleash this industry as the human gene was mapped, that through these pharmaceutical companies, we could find cures to terminal and chronic illnesses that currently in our system today we treat and, at best, maintain through a very expensive delivery system. But we owed it in a quality-of-care way to make sure that if we could reach cures for cancer, for AIDS, for diabetes, that we put every incentive in the system to make sure that the private sector invested their money, their time, to hopefully find these breakthroughs.

Now, we are on the verge of breakthroughs. This year alone, the FDA will approve over 30 new drug applications. Not every one of them will be a big contributor to savings or quality of care, but we are clearly on the road to new therapies that we have not had in the past.

Mr. Speaker, let me say to my colleague that I think it is important that, when we talk about adding a drug benefit to Medicare, most people think of seniors. But we have a large group of disabled Americans who qualify for Medicare benefits. We cannot do a program that leaves them behind. Everybody that is eligible for Medicare has to be included under the umbrella of coverage for pharmaceuticals. It has been very challenging for us as we have designed a program also to make sure that it dovetails with the 14 States that currently offer it.

Pennsylvania is a great example. It probably has one of the most generous plans in the Nation.